FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATIO	N	
1 Ottom 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Exan is changed) over	nple: If typying, type the lines	4M5
NATIONAL RE	TAIL FEDERATION RETAILPAC		
ADDRESS (number and s	treet) 325 7th Street, N.W. Suite #	1100 	
(Check if address is changed)			
	Washington	ııııı pc	20004 -
	CITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail addre	ess)	
(Check if address is changed)	padillam@nrf.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
 DATE	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	040329	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and	d belief it is true, correct and comple	ete
Type or Print Name of	reasurer Mr. David French		
Signature of Treasurer	Electronically Filed by Mr. David French	Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the		
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)